

WEST AFRICA – EBOLA OUTBREAK

FACT SHEET #8, FISCAL YEAR (FY) 2016

FEBRUARY 19, 2016

NUMBERS AT A GLANCE

28,603

Suspected, Probable, and Confirmed EVD Cases to Date in Acutely Affected Countries†
WHO – February 17, 2016

11,301

Suspected, Probable, and Confirmed EVD-Related Deaths to Date in Acutely Affected Countries†
WHO – February 17, 2016

8,706

Confirmed EVD Cases to Date in Sierra Leone*†
WHO – February 17, 2016

3,351

Confirmed EVD Cases to Date in Guinea*†
WHO – February 17, 2016

3,160

Confirmed EVD Cases to Date in Liberia*†
WHO – February 17, 2016

* Does not include probable and suspected EVD cases.

† Figures are subject to change due to reclassification, retrospective investigation, and availability of laboratory results.

HIGHLIGHTS

- No confirmed EVD cases reported in West Africa in nearly one month
- Sierra Leone discharges most recent EVD patient; all known contacts complete 21-day monitoring period
- USAID/OFDA partners scale up preparedness activities in Liberia

USG HUMANITARIAN FUNDING FOR THE EVD OUTBREAK RESPONSE IN FY 2014–2016

USAID/OFDA ¹	\$785,052,050
USAID/FFP ²	\$134,893,823
USAID/GH ³	\$20,076,000
USAID/Liberia	\$16,100,000
USAID/Guinea	\$3,482,000
DoD ⁴	\$631,758,625 ⁵
CDC ⁶	\$836,975,209 ^{7,8}
\$ 2,428,337,707⁹	

KEY DEVELOPMENTS

- Government authorities and response organizations in Guinea, Liberia, and Sierra Leone are strengthening detection and response capacities to rapidly identify and contain future Ebola Virus Disease (EVD) cases. Active surveillance continues in high-risk areas throughout each country.
- To strengthen response capacity in Liberia, USAID/OFDA recently committed nearly \$8.7 million in FY 2016 funding to support the International Rescue Committee (IRC) and seven other implementing partners to develop a national epidemic preparedness and response (EPR) consortium. Consortium partners are currently supporting the Government of Liberia (GoL) and county health teams to strengthen national- and county-level EPR plans, bolstering Liberia's rapid response capacity through December 2016.

¹ USAID's Office of U.S. Foreign Disaster Assistance (USAID/OFDA)

² USAID's Office of Food for Peace (USAID/FFP)

³ USAID's Bureau for Global Health (USAID/GH)

⁴ U.S. Department of Defense (DoD)

⁵ DoD figures represent estimated obligations as of August 31, 2015.

⁶ U.S. Centers for Disease Control and Prevention (CDC)

⁷ In FY 2014, CDC obligated \$17,439,000 to the West Africa EVD response, utilizing internal CDC operational resources. In FY 2015, CDC obligated \$763,561,781 of which approximately \$280,855,373 supported activities outside the United States and \$429,973,088 supported activities inside the U.S. The FY 2015 total includes actual obligations from all CDC sources, including estimated salaries and benefits from the Continuing Resolution (CR) period, which concluded in mid-December. In FY 2015, prior to receiving omnibus appropriations in mid-December, CDC funded response activities using a combination of internal CDC operational resources and CR funds. These obligations totaled about \$52.7 million and supported all program-related costs, including both domestic and international activities. As of February 15, 2016, CDC has obligated \$55,974,428 in FY 2016, approximately \$41,486,704 supports activities outside the U.S. and \$14,487,724 supports activities inside the U.S. The FY 2016 total includes actual obligations from CDC's Ebola Response appropriation.

⁸ The CDC funding total does not include funding from other sources such as USAID/OFDA and DoD.

⁹ Total funding figure includes committed U.S. Government (USG) humanitarian and development funding to date, as well as CDC's combined contribution to the international and domestic EVD response. This number represents a subset of the total USG effort to respond to the ongoing EVD outbreak.

Regional

- The governments of Guinea, Liberia, and Sierra Leone reported no known EVD cases or contacts under precautionary observation as of February 17. Government authorities and response organizations in all three countries are conducting interventions to strengthen broader emergency health capacity and bolster each country's ability to respond effectively to future EVD and other infectious disease outbreaks.

Sierra Leone

- Health care workers discharged Sierra Leone's most recent EVD case from the 34 Military EVD treatment unit in Sierra Leone's capital city of Freetown on February 5, following two consecutive EVD-negative test results. As of February 10, approximately 116 contacts of the country's two mid-January cases had completed a 21-day monitoring period. Pending no new confirmed cases, the UN World Health Organization (WHO) plans to declare the end of Sierra Leone's recent EVD outbreak on March 17.
- A Government of Sierra Leone (GoSL) campaign to vaccinate contacts of the index case, as well as secondary contacts and other targeted community members, reached approximately 200 people across Bombali, Port Loko, and Tonkolili districts as of late January, the GoSL reports. In Kambia District, as many as 20 community leaders had received the vaccine as a confidence-building measure for affected areas as of February 2.

Guinea

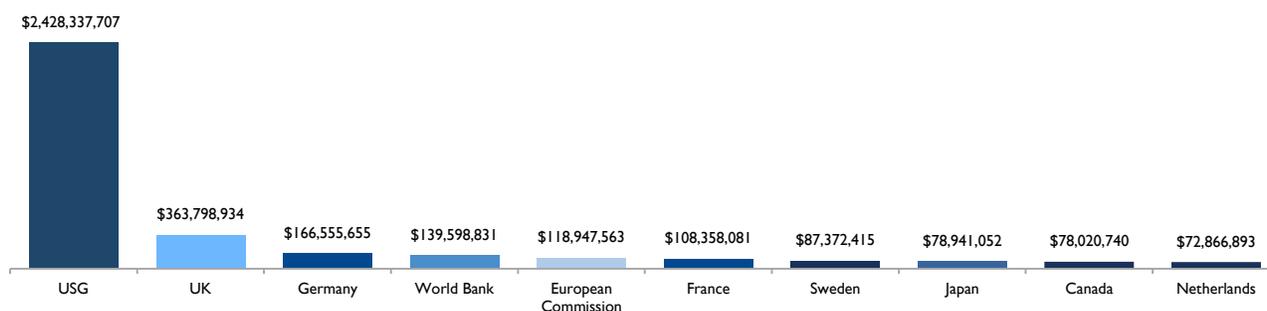
- From February 15–19, the U.S. Embassy in Conakry is hosting a conference for the Global Health Security Agenda (GHSa)—a USG effort to both prevent and quickly respond to global disease outbreaks and promote global health security as an international security priority. Conference attendees include representatives from the Government of Guinea (GoG), USAID/OFDA, CDC, DoD, National Institutes of Health, other donors, and international non-governmental organizations. In collaboration with USAID/Guinea, CDC, and other USG agencies, USAID/OFDA is coordinating with the GHSa to transition USG assistance for Guinea's EVD outbreak from emergency response activities to long-term recovery efforts, including strengthening local health systems to respond to future EVD and infectious disease outbreaks. The U.S. Embassy in Freetown also hosted a GHSa conference in recent weeks.
- During the week of February 1, USAID/OFDA partner the International Organization for Migration (IOM) commenced new community event-based surveillance (CEBS) activities in Forécariah Prefecture, one of Guinea's most acutely EVD-affected regions and a priority area for ensuring residual capacity to identify and treat potential new EVD cases. The GoG has designated CEBS—which engages communities to identify and report EVD cases, thereby rapidly activating response mechanisms to stop new transmission chains—as a national priority for 2016, in line with the WHO Phase 3 strategy for regional EVD response and recovery efforts. In coordination with implementing partners, including IOM, the GoG is currently managing a countrywide rollout of CEBS activities.
- Through its partners, USAID/OFDA is supporting GoG efforts to strengthen community-level epidemiological data collection and management. For example, IOM staff are providing CEBS training and supervision in Forécariah, as well as conducting a village-level assessment to identify households' vulnerability to public health risks. USAID/OFDA is also supporting Accion Contra el Hambre (ACH)/Spain to conduct CEBS activities in Forécariah, including supporting approximately 370 community agents to conduct epidemiological reporting.

Liberia

- USAID/OFDA activities remain focused on strengthening GoL Ministry of Health (MoH) capacity to identify and contain future EVD cases since WHO declared an end to Liberia's most recent EVD outbreak on January 14.
- With nearly \$8.7 million in FY 2016 assistance, USAID/OFDA is supporting IRC and seven other implementing partners to develop a national EPR consortium, bolstering Liberia's rapid response capacity through December 2016. Since the consortium's launch in early January, USAID/OFDA partners have supported GoL efforts to finalize the national EPR plan; convened preliminary meetings to delineate roles, responsibilities, and early deliverables; and coordinated with health teams in all 15 counties to improve county-level EPR plans.

- The consortium is mapping areas of operation and organizations' planned activities to identify EPR gaps and prevent duplication. International Medical Corps (IMC)—an EPR consortium member—plans to pilot rapid response trainings in Bong and Margibi counties in the coming weeks, and additional partners intend to commence rapid response trainings in other counties based on gaps identified by county health teams.
- USAID/OFDA partner Global Communities transferred the management and operational support duties of the Disco Hill national burial site in Margibi County to the MoH on February 1. The MoH expects to continue protocols for safe burials at Disco Hill. With USAID/OFDA support, Global Communities conducted approximately 2,600 safe and dignified burials—including for confirmed, suspected, and probable EVD cases—at the site since commencing operations on December 24, 2014.

2014–2016 TOTAL FUNDING FOR EVD OUTBREAK RESPONSE* PER DONOR



* Funding figures as of February 19, 2016. All international figures are according to the UN Office for the Coordination of Humanitarian Affairs (OCHA) Financial Tracking Service and based on international commitments during 2014, 2015, and to date in 2016, while USG figures are according to the USG and reflect USG commitments from FY 2014, FY 2015, and FY 2016, which began on October 1, 2013, October 1, 2014, and October 1, 2015, respectively.

USG HUMANITARIAN ASSISTANCE TO THE EVD OUTBREAK RESPONSE IN FY 2016¹

IMPLEMENTING PARTNER	ACTIVITY	LOCATION	AMOUNT
USAID/OFDA²			
REGIONAL			
WHO	Health, Humanitarian Coordination and Information Management	Guinea, Liberia, Sierra Leone	\$477,712
	Program Support		\$594,837
LIBERIA			
Global Communities	Health	Liberia	\$1,963,455
GOAL	Health	Liberia	\$2,578,833
IRC	Health	Liberia	\$10,374,233
SIERRA LEONE			
IMC	Health, Protection, WASH	Sierra Leone	\$439,597
GUINEA			
ACH/Spain	Health	Guinea	\$1,681,043
Catholic Relief Services (CRS)	Health, WASH	Guinea	\$1,846,005
French Red Cross (FRC)	Health	Guinea	\$680,000
IMC	Health	Guinea	\$3,106,040
Women and Health Alliance International (WAHA)	Health	Guinea	\$749,936
TOTAL USAID/OFDA ASSISTANCE TO EVD RESPONSE			\$24,491,691

USAID/FFP ³			
CRS	Food Vouchers	Guinea	\$1,927,693
Mercy Corps	Cash Transfers for Food, Agricultural Input Vouchers	Liberia	\$4,668,089
UN World Food Program (WFP)	Local and Regional Food Procurement	Côte d'Ivoire	\$3,300,000
WFP	U.S. In-Kind Food Aid	Sierra Leone	\$272,000
TOTAL USAID/FFP ASSISTANCE TO EVD RESPONSE			\$10,167,782
CDC			
CDC	Health	West Africa and USA	\$55,974,428
TOTAL CDC ASSISTANCE TO EVD RESPONSE			\$55,974,428
TOTAL USG ASSISTANCE TO EVD RESPONSE IN FY 2016			\$90,633,901

USG HUMANITARIAN ASSISTANCE TO THE EVD OUTBREAK RESPONSE IN FY 2014–2015

TOTAL USAID/OFDA ASSISTANCE TO EVD RESPONSE	\$760,560,359
TOTAL USAID/FFP ASSISTANCE TO EVD RESPONSE	\$124,726,041
TOTAL USAID/GH ASSISTANCE TO EVD RESPONSE	\$20,076,000
TOTAL USAID/LIBERIA ASSISTANCE TO EVD RESPONSE	\$16,100,000
TOTAL USAID/GUINEA ASSISTANCE TO EVD RESPONSE	\$3,482,000
TOTAL DoD ASSISTANCE TO EVD RESPONSE	\$631,758,625
TOTAL CDC ASSISTANCE TO EVD RESPONSE	\$781,000,781
TOTAL USG ASSISTANCE TO EVD RESPONSE IN FY 2014–2015	\$2,337,703,806

TOTAL USG ASSISTANCE TO EVD RESPONSE IN FY 2014–2016 **\$2,428,337,707**

¹ Year of funding indicates the date of commitment or obligation, not appropriation, of funds.

² Decreases in total USAID/OFDA assistance for EVD response efforts reflect adjustments in programmatic funding due to improved humanitarian conditions and a reduction in EVD case totals throughout the West African region.

³ Estimated value of food assistance and transportation costs at time of procurement; subject to change.

CONTEXT

- EVD is a severe illness transmitted through direct contact with the blood, bodily fluids, and tissues of infected animals or people. There is currently no licensed or approved treatment available for EVD other than supportive care. Experimental therapies are under development, but have not yet been fully tested for safety or effectiveness.
- On October 2, 2015, U.S. Ambassador John F. Hoover redeclared a disaster in Sierra Leone. U.S. Ambassador Deborah R. Malac redeclared a disaster due to the continued effects of the EVD outbreak in Liberia on October 5. On October 5, U.S. Ambassador Alexander M. Laskaris redeclared a disaster in Guinea.
- The USG deployed a field-based Disaster Assistance Response Team (DART) on August 5, 2014, and established a corresponding Response Management Team (RMT) based in Washington, D.C. The DART—including disaster response and medical experts from USAID and CDC—identified key needs stemming from the EVD outbreak, amplified humanitarian response efforts, and coordinated all USG efforts to support the EVD response. Following a steady decrease in EVD cases, the DART and RMT demobilized on January 4, 2016; USAID/OFDA staff in Guinea, Liberia, and Sierra Leone are supporting partners to ensure continued capacity to respond to new EVD cases and facilitate the transition from relief to recovery.

PUBLIC DONATION INFORMATION

- The most effective way people can assist relief efforts is by making cash contributions to humanitarian organizations that are conducting relief operations. A list of humanitarian organizations that are accepting cash donations for disaster responses around the world can be found at www.interaction.org.
- USAID encourages cash donations because they allow aid professionals to procure the exact items needed (often in the affected region); reduce the burden on scarce resources (such as transportation routes, staff time, and warehouse space); can be transferred very quickly and without transportation costs; support the economy of the disaster-stricken region; and ensure culturally, dietary, and environmentally appropriate assistance.
- More information can be found at:
 - USAID Center for International Disaster Information: www.cidi.org or +1.202.821.1999.
 - Information on relief activities of the humanitarian community can be found at www.reliefweb.int.

USAID/OFDA bulletins appear on the USAID website at
<http://www.usaid.gov/what-we-do/working-crises-and-conflict/responding-times-crisis/where-we-work>